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## **BIB DATA SHEET**

## CONFIRMATION NO. 1225

| CONFIRMATION NO.   |   |   |                        |                     |                                       |   |                                      |                       |  |
|--|---|---|------------------------|---------------------|---------------------------------------|---|--------------------------------------|-----------------------|--|
|  | FILING or 371(c<br>DATE<br>10/602,077 66/23/2003<br>RULE      |   | (c)                    | CLASS<br>600        | GROUP ART UNIT<br>1618                |   | ATTORNEY DOCKET<br>NO.<br>CNSR-09275 |                       |  |
| ** CONTINUING This appli whi whi ** FOREIGN AF ** IF REQUIRE   | G DATA<br>cation i<br>ch is a<br>ch clair<br>PPLICA<br>D, FOR | Sherman Oaks, CA s a DIV of 09/501, CIP of 09/148,591 ns benefit of 60/08 TIONS EIGN FILING LIC |                        | 98 ABN<br>06/1997   |                                       |   |                                      |                       |  |
|  | d   | - 188 <b>(4</b> 1 NO)   | Met after<br>Allowance | STATE OR<br>COUNTRY | SHEETS<br>DRAWINGS<br>15              | TOTA  |                                      | INDEPENDENT<br>CLAIMS |  |
| 101 HOW<br>SUITE 35  | ARD S<br>0<br>NCISC   | O, CA 94105   |                        |                     |                                       |   |                                      |                       |  |
| Method fo  | or classi   | fying and treating  | physiologi             | c brain imbalance   | s using quanti                        | ative EG  | iG                                   |                       |  |
| FILING FEE RECEIVED 375  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: |   |   |                        |                     | □ All Fe □ 1.16 □ 1.17 □ 1.18 □ Other | □ All Fees □ 1.16 Fees (Filling) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other □ Credit |                                      |                       |  |